

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	104801	12/29
O.I.P.E. CLASSIFIER		48	1/11/00
FORMALITY REVIEW	<i>MA</i>	71521	1/15/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
1	1	1	✓ =
2	2	2	✓ =
3	3	3	✓ =
4	4	4	✓
5	5	5	✓
6	6	6	✓
7	7	7	✓
8	8	8	✓
9	9	9	✓
10	10	10	✓
11	11	11	✓
12	12	12	✓
13	13	13	✓
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36	36	36	✓
37	37	37	✓
38	38	38	✓
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40	40	40	✓
41	41	41	✓
42	42	42	✓
43	43	43	✓
44	44	44	✓
45	45	45	✓
46	46	46	✓
47	47	47	✓
48	48	48	✓
49	49	49	✓
50	50	50	✓

Claim		Date					
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

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